



# **CITY OF LAS VEGAS MAYOR'S CUP TOURNAMENT**



**OSCAR B. GOODMAN**

**October 29-31, 2004  
U11 - U19 Boys and Girls  
\$350 per team**

**1st - 3rd place awards**  
(includes free Mayor's Cup pin for all players)

**Games will be played at the  
Bettye Wilson Soccer Complex.**  
(Corner of W. Lake Mead Blvd. and Tenaya Way)  
Additional sites may be added.

**VOLUNTEERS  
NEEDED!**

## **ELIGIBLE TEAMS** Any USYSA, AYSO or SAY Soccer Team

Application and fees are due to the City of Las Vegas  
on or before October 1, 2004.

Mail to: City of Las Vegas Department of Leisure Services  
749 Veterans Memorial Dr. • Las Vegas, NV 89101  
Attn: Sherry Alexander



## **ELIGIBLE PLAYERS**

Eligible players are those whose names appear on the team's roster at check-in, are registered through the state association and have proper player passes and medical release forms. Teams may have five (5) guest players on their roster with the appropriate paperwork. Players may not play for more than one team in the tournament.



## **PRE-TOURNAMENT CHECK IN**

Check-in will be October 28, 2004, from 6:00 pm to 9:00 pm. Awards will be given out after the final game in each division. Each team will check in prior to the start of the tournament. The coach must be present to check in the player passes, medical release forms, and loan papers, if applicable.

**Tournament Director: Sherry Alexander: 229-2488**



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## General Team Information:

Team Name: \_\_\_\_\_ State Affiliation: \_\_\_\_\_

Boys ☐ Girls ☐ Age Group: U- \_\_\_\_\_ Oldest Player's Birthday: \_\_\_\_\_

Level of Play (e.g., Gold, Silver, Bronze): \_\_\_\_\_ Club: \_\_\_\_\_

Team Contact Person: \_\_\_\_\_ Title (Coach, Mgr.): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Tel: (    ) \_\_\_\_\_ Night Tel: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

## The following information is used for seeding purposes:

Recent League Play: Wins: \_\_\_\_\_ Losses: \_\_\_\_\_ Draws: \_\_\_\_\_

Recent Tournament: \_\_\_\_\_ Wins: \_\_\_\_\_ Losses: \_\_\_\_\_ Draws: \_\_\_\_\_

If a division is not available in your age group or level, are you willing to play up? Yes \_\_\_\_\_ No \_\_\_\_\_

## Preliminary Team Roster: Please attach a current team roster.

## Waiver of Liability:

If accepted for participation in the Mayor's Cup Tournament, we agree to release, indemnify and hold harmless the City of Las Vegas and United States Youth Soccer Nevada, Inc., any and all officials, coaches, referees, sponsors or any representative, agent, employee or volunteer of the City of Las Vegas and United States Youth Soccer Nevada, Inc. associated with the Mayor's Cup Tournament from any action brought about through claims, or lawsuits, or any type of judgment that may arise out of any injury, physical or monetary, to the above named participants or related parties on this team. We accept the jurisdiction of the Mayor's Cup Tournament Committee over any participation or decisions related to participation and competition at the Mayor's Cup Tournament. We accept that no refunds will be granted for any changes in scheduling or participation due to acts of God, weather or any other unforeseen circumstance and that no refunds will be granted for withdrawal after October 8, 2004.

Date: \_\_\_\_\_

Team Official (Print Name)

Team Official (Signature)

